## Rec'd PCT/PTO 10 AUG 2005

Docket No.: Q85546

## **DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if

plural names are listed below) of the su  An electrolumine	-	mitting dev	ice			<del></del>
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the application of which						
☐ is attached hereto	OR	■ Was filed on 30 June 2003     as United States Application Number or PCT International Application				
		Number PC			or PCT Internation	onal Application
		(Confirmation			), and was am	ended on
	•	***************************************		(if a	applicable).	
I hereby state that I have reviewed and by any amendment specifically referred		ntents of the abo	ove identific	ed application	, including the cl	aims, as amend
I acknowledge the duty to disclose continuation-in-part application(s), ma	terial information w	hich became av	ailable bet			
the national or PCT international filing I hereby claim foreign priority under 3						
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attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

CUSTOMER NUMBER

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Mailing Address:							
City	State	Zip	Country .				
NAME OF FIFTH INVENTOR:	<u></u>						
Given Name							
(first and middle [if any])	· · · · · · · · · · · · · · · · · · ·	Family Name or Surname					
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